
State: Arkansas **Filing Company:** American Heritage Life Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only
Product Name: Group Cancer Initial Diagnosis Rider
Project Name/Number: /GCPR

Filing at a Glance

Company: American Heritage Life Insurance Company
Product Name: Group Cancer Initial Diagnosis Rider
State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.002A Dread Disease - Cancer Only
Filing Type: Form
Date Submitted: 01/02/2013
SERFF Tr Num: ALST-128799820
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GCPR

Implementation
Date Requested:
Author(s): Jennifer Aiello, Lynn Bautista, Juli Clausen, Sara Welch
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/03/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only
Product Name: Group Cancer Initial Diagnosis Rider
Project Name/Number: /GCPR

Filing Company: American Heritage Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: GCPR Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 01/03/2013
State Status Changed: 01/03/2013 Deemer Date:
Created By: Juli Clausen Submitted By: Juli Clausen
Corresponding Filing Tracking Number:

Filing Description:

RE: Group Cancer Initial Diagnosis Progressive Benefit Rider Forms GPCPR and GCCPR
Group Cancer Initial Diagnosis Optional Benefit Amendments GVCPIDA and GVCCIDA
NAIC Number: 60534
FEIN Number: 59-0781901

To Whom It May Concern:

The above referenced forms are being submitted for your review and approval. These forms are new and do not replace any forms previously approved by your department. These products are solicited by agents licensed to do business within your state and will be marketed to approved groups.

Forms GPCPR and GCCPR will be used with our Group Cancer Insurance product previously approved by your department as follows:

GVCP3AR and GVCC3AR approved on 5/15/09 under filing number ALST-125969969

Forms GVCPIDA and GVCCIDA will also be used with the Group Cancer Insurance product listed above. These amendments revise the Cancer Initial Diagnosis benefit in policy and certificate. Rates are not affected by this benefit change.

Material may vary, but will always be in accordance with your state laws. A Statement of Variability is enclosed, which outlines the variables for the submitted forms. Any logo, officer signature, or Home Office address and telephone number that appears on these forms is subject to change.

If you have any questions regarding this filing, feel free to contact me at jclav@allstate.com, or (904) 992-2912. Thank you for your continued consideration.

Company and Contact

Filing Contact Information

Juli Clausen , Ettain Group jclav@allstate.com
Attn: Compliance Department 904-992-2912 [Phone]
1776 American Heritage Life Drive 904-992-2975 [FAX]
Jacksonville, FL 32224-6687

State: Arkansas
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only
Product Name: Group Cancer Initial Diagnosis Rider
Project Name/Number: /GCPR

Filing Company Information

American Heritage Life Insurance
Company
ATTN: Legal/Compliance
1776 American Heritage Life Drive
Jacksonville, FL 32224-9983
(904) 992-1776 ext. [Phone]

CoCode: 60534
Group Code: 8
Group Name: Allstate
FEIN Number: 59-0781901

State of Domicile: Florida
Company Type: Life and
Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

Company	Amount	Date Processed	Transaction #
American Heritage Life Insurance Company	\$200.00	01/02/2013	66188204

SERFF Tracking #:	ALST-128799820	State Tracking #:		Company Tracking #:	GCPR
State:	Arkansas	Filing Company:	American Heritage Life Insurance Company		
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only				
Product Name:	Group Cancer Initial Diagnosis Rider				
Project Name/Number:	/GCPR				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/03/2013	01/03/2013

State:	Arkansas	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only		
Product Name:	Group Cancer Initial Diagnosis Rider		
Project Name/Number:	/GCPR		

Disposition

Disposition Date: 01/03/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Group Cancer Initial Diagnosis Progressive Benefit Rider	Approved-Closed	Yes
Form	Group Cancer Initial Diagnosis Progressive Benefit Rider	Approved-Closed	Yes
Form	Group Cancer Initial Diagnosis Amendment	Approved-Closed	Yes
Form	Group Cancer Initial Diagnosis Amendment	Approved-Closed	Yes

State:	Arkansas	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only		
Product Name:	Group Cancer Initial Diagnosis Rider		
Project Name/Number:	/GCPR		

Form Schedule

Lead Form Number: GCPR								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/03/2013	Group Cancer Initial Diagnosis Progressive Benefit Rider	GCPR	POLA	Initial		55.300	GCPR.pdf
2	Approved-Closed 01/03/2013	Group Cancer Initial Diagnosis Progressive Benefit Rider	GCCPR	CERA	Initial		55.300	GCCPR.pdf
3	Approved-Closed 01/03/2013	Group Cancer Initial Diagnosis Amendment	GVCPIDA	POLA	Initial			GVCPIDA.pdf
4	Approved-Closed 01/03/2013	Group Cancer Initial Diagnosis Amendment	GVCCIDA	CERA	Initial			GVCCIDA.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMERICAN HERITAGE LIFE INSURANCE COMPANY

[1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687]

CANCER INITIAL DIAGNOSIS PROGRESSIVE BENEFIT RIDER

This rider is issued in consideration of the rider premium and your request for this rider. Benefits are subject to all of the terms, conditions and provisions of the policy. All terms defined and used in the policy apply to this rider unless otherwise provided in this rider.

DEFINITIONS

Policy. The policy to which this rider is attached.

Rider Date. The effective date of coverage under this rider. [The rider date is the policy date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our home office in accordance with our coverage dating rules in effect at the time this rider is issued.]

BENEFIT INFORMATION

Progressive Benefit

We pay a one-time benefit when a covered person is diagnosed as having cancer (other than skin cancer) as defined in the policy for the first time after the effective date of coverage for that covered person. The benefit per unit is \$400 for each complete year this rider is in force. The benefit is payable only once per covered person's lifetime. The number of units for this rider is shown in the policy.

For the purposes of this benefit, the date of diagnosis for cancer is the day the diagnostic test, tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based.

The "first diagnosis of cancer" includes a diagnosis of a recurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the recurrence, the covered person is free of any symptoms and treatment of the cancer for the 12 consecutive months immediately preceding the effective date of coverage or any 12 consecutive months thereafter.

For purposes of this benefit, "treatment" does not include maintenance drug therapy or routine follow-up office visits to verify if the cancer has returned.

"Maintenance drug therapy" means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer recurrence rather than the palliation or suppression of a cancer that is still present.

EXCEPTIONS


The Other Limitations and Exceptions provision in the policy applies to this rider.

TERMINATION

This rider terminates at the earliest of:

1. the date the group policy is canceled;
2. the last day of the period for which any required premium payments were made;
3. the last day the insured employee or member is in active employment with the employer and/or a member in good standing in the labor union, association or other entity that is the policyholder, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision;
4. the date the insured employee or member is no longer in an eligible class;
5. the date the insured employee's or member's class is no longer eligible;
6. the date a benefit is paid on all covered persons; or
7. the date of our discovery of fraud or material misrepresentation in the presentation of a claim under this rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.

[]

Secretary

[]

President

AMERICAN HERITAGE LIFE INSURANCE COMPANY

[1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687]

CANCER INITIAL DIAGNOSIS PROGRESSIVE BENEFIT RIDER

This rider is issued in consideration of the rider premium and your request for this rider. Benefits are subject to all of the terms, conditions and provisions of the certificate. All terms defined and used in the certificate apply to this rider unless otherwise provided in this rider.

DEFINITIONS

Certificate. The certificate to which this rider is attached.

Rider Date. The effective date of coverage under this rider. [The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our home office in accordance with our coverage dating rules in effect at the time this rider is issued.]

BENEFIT INFORMATION

Progressive Benefit

We pay a one-time benefit when a covered person is diagnosed as having cancer (other than skin cancer) as defined in the certificate for the first time after the effective date of coverage for that covered person. The benefit per unit is \$400 for each complete year this rider is in force. The benefit is payable only once per covered person's lifetime. The number of units for this rider is shown [in the certificate] [on the Certificate Specifications page] [on page 3] [in your benefit statement].

For the purposes of this benefit, the date of diagnosis for cancer is the day the diagnostic test, tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based.

The "first diagnosis of cancer" includes a diagnosis of a recurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the recurrence, the covered person is free of any symptoms and treatment of the cancer for the 12 consecutive months immediately preceding the effective date of coverage or any 12 consecutive months thereafter.

For purposes of this benefit, "treatment" does not include maintenance drug therapy or routine follow-up office visits to verify if the cancer has returned.

"Maintenance drug therapy" means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer recurrence rather than the palliation or suppression of a cancer that is still present.

EXCEPTIONS


The Other Limitations and Exceptions provision in the certificate applies to this rider.

TERMINATION

This rider terminates at the earliest of:

1. the date the certificate is canceled;
2. the date the group policy is canceled;
3. the last day of the period for which any required premium payments were made;
4. the last day you are in active employment with your employer and/or a member in good standing in the labor union, association or other entity that is the policyholder, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision;
5. the date you are no longer in an eligible class;
6. the date your class is no longer eligible;
7. the date a benefit is paid on all covered persons; or
8. the date of our discovery of fraud or material misrepresentation in the presentation of a claim under this rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.

[]

Secretary

[]

President

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

Amendment No. [1] to Group Policy No. [G-00000]
issued to

[ABC Company]
(the "Policyholder")

It is hereby agreed that, effective [January 1, 2012], the Group Policy is amended as follows:

The Cancer Initial Diagnosis provision in the OPTIONAL BENEFIT(S) section is deleted in its entirety and replaced with the following:

Cancer Initial Diagnosis. We pay a one-time benefit when a covered person is diagnosed as having cancer (other than skin cancer) as defined in the policy for the first time after the effective date of coverage for that covered person. The benefit is the amount shown on page 3. The benefit is payable only once per covered person's lifetime.

For the purposes of this benefit, the date of diagnosis for cancer is the day the diagnostic test, tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based.


The "first diagnosis of cancer" includes a diagnosis of a recurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the recurrence, the covered person is free of any symptoms and treatment of the cancer for the 12 consecutive months immediately preceding the effective date of coverage or any 12 consecutive months thereafter.

For purposes of this benefit, "treatment" does not include maintenance drug therapy or routine follow-up office visits to verify if the cancer has returned.

"Maintenance drug therapy" means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer recurrence rather than the palliation or suppression of a cancer that is still present.

This optional benefit remains in force until the one-time benefit has been paid to each covered person for that covered person's respective cancer initial diagnosis. Once that occurs, no additional benefit is available and this optional benefit terminates.

This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless the Company has executed this amendment.



Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

(the "Company")

ENDORSEMENT

This Endorsement is made part of the Certificate to which it is attached [and is effective as of [xx/xx/xx], or the Effective Date, whichever is later]. It is subject to all of the provisions, limitations and exclusions of the Certificate, not inconsistent with this Endorsement.

The Cancer Initial Diagnosis provision in the OPTIONAL BENEFIT(S) section is deleted and replaced with the following:

Cancer Initial Diagnosis. We pay a one-time benefit when a covered person is diagnosed as having cancer (other than skin cancer) as defined in the certificate for the first time after the effective date of coverage for that covered person. The benefit is the amount shown [in the certificate] [on the Certificate Specifications page] [on page 3] [in your benefit statement]. The benefit is payable only once per covered person's lifetime.

For the purposes of this benefit, the date of diagnosis for cancer is the day the diagnostic test, tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based.

The "first diagnosis of cancer" includes a diagnosis of a recurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the recurrence, the covered person is free of any symptoms and treatment of the cancer for the 12 consecutive months immediately preceding the effective date of coverage or any 12 consecutive months thereafter.

For purposes of this benefit, "treatment" does not include maintenance drug therapy or routine follow-up office visits to verify if the cancer has returned.

"Maintenance drug therapy" means ongoing hormonal therapy, immunotherapy or chemo-prevention therapy that may be given following the full remission of a cancer due to primary treatment. It is meant to decrease the risk of cancer recurrence rather than the palliation or suppression of a cancer that is still present.

This optional benefit remains in force until the one-time benefit has been paid to each covered person for that covered person's respective cancer initial diagnosis. Once that occurs, no additional benefit is available and this optional benefit terminates.

All other requirements of the certificate not specifically stated within this endorsement still apply.

A handwritten signature in black ink, appearing to read "Gary Stewart". The signature is fluid and cursive, with the first name "Gary" and the last name "Stewart" clearly distinguishable.

Secretary

State:	Arkansas	Filing Company:	American Heritage Life Insurance Company
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.002A Dread Disease - Cancer Only		
Product Name:	Group Cancer Initial Diagnosis Rider		
Project Name/Number:	/GCPR		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
GCPR Readability AR.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/03/2013
Bypass Reason:	Not applicable to this filing		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
GCPR Statement of Variability.pdf			

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6687

To the Policy Review Section, Arkansas Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

<u>Form</u>	<u>Score</u>
GPCPR	55.3
GCCPR	55.3

Date: January 1, 2013



Diane Ierna
Assistant Vice President, Compliance Department

American Heritage Life Insurance Company (AHL)

Explanation of Variable Language for Riders GPCPR and GCCPR

These riders will be available to issue with approved group policies to employer groups, labor union groups, associations and Trusts. The following explains the variables included in the forms. The headings correspond to the sections within the rider forms.

Address: The current address will be on all riders issued.

Definition of Rider Date: This section will be deleted if the certificate date and rider date are the same.

Progressive Benefit: Depending on how the certificate is delivered to the insured employee or member, their benefit amounts may be listed on a Certificate Specifications page (page 3) or a benefit statement.

Officer Signatures: The signatures will reflect the current Secretary and President on all riders issued.